

## Application Data Sheet

### APPLICATION INFORMATION

Application Number:: To Be Assigned  
Filing Date::  
Application Type:: Reissue  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: GENE THERAPY  
Attorney Docket Number:: 219974  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	W. French
Middle Name::	
Family Name::	Anderson
Name Suffix::	
City of Residence::	Bethesda
State or Prov. of Residence::	Maryland
Country of Residence::	US
Street of mailing address::	6820 Melody Lane
City of mailing address::	Bethesda
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	20817
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	
Family Name::	Blaese
Name Suffix::	
City of Residence::	Rockville
State or Prov. of Residence::	Maryland
Country of Residence::	US
Street of mailing address::	1986 Lancashire Drive
City of mailing address::	Rockville
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	20854

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steven
Middle Name::	A.
Family Name::	Rosenberg
Name Suffix::	
City of Residence::	Bethesda
State or Prov. of Residence::	Maryland
Country of Residence::	US
Street of mailing address::	9015 Honeybee Lane
City of mailing address::	Bethesda
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	20817

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::	23460
Phone::	(312) 616-5600
Fax::	(312) 616-5700
E-mail Address::	mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number::	23460
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Representative Designation::	Registration Number::	Representative Name::
	35463	Jeffrey B. Burgan

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
To Be Assigned	Reissue of	08/220,175	03/30/94
08/220,175	Continuation of	07/904,662	09/08/92
07/904,662	Continuation in part of	07/868,794	04/15/92
07/868,794	Continuation in part of	07/807,446	12/13/91
07/807,446	Continuation in part of	07/365,567	06/14/89

## **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
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## **ASSIGNEE INFORMATION**

Assignee name:: The United States of America as represented by the  
Street of mailing address:: National Institutes of Health, Office of Technology  
6011 Executive Boulevard, Suite 325  
City of mailing address:: Rockville  
State or Province of  
mailing address:: Maryland  
Country of mailing  
address:: US  
Postal or Zip Code of  
mailing address:: 20852